

NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

Part A.—IDENTIFYING DATA

1. NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	2. DATE OF BIRTH	3. CARRIER CONTROL NO.
Caranci	John	C.	2-7-22	078546
4. ADDRESS			5. PAYROLL OFFICE NO.	6. ENROLLMENT CODE NO.
64 Eddy Street Centerdale, Rhode Island 02911				422
7. DATE THIS ACTION BECOMES EFFECTIVE 1 April 1970				

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE.

IMPORTANT NOTICE.—You have the right to convert to an individual contract with the carrier of your plan. See Part B.—Termination on the back of this form for information about your extension of coverage and conversion. If you want to convert, fill in the box on the back of this form and send it to your plan within the time limit specified.

Part C.—CHANGE IN PLAN

YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

(SEE PART D ON THE BACK OF THIS FORM FOR MORE INFORMATION)

Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT.

Part F.—SUSPENSION

YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO:

NAME

ADDRESS IF DIFFERENT FROM PART A, ITEM 4, ABOVE

DATE OF BIRTH

Part I.—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD.

YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J.—REMARKS

Employee Annuitant

DATE OF NOTICE

5-26-70
DATE

APPROVED FOR
RELEASE DATE:
10-Nov-2008

Chief,

NAME OF AGENCY

ADDRESS

PART B—TERMINATION

If Part B on the other side of this form is checked, read the following instructions carefully.

TEMPORARY EXTENSION OF COVERAGE

Your enrollment terminates on the date shown in Part A, Item 7, on the front of this form. Coverage under your enrollment continues temporarily for 31 days from the date shown. If you or any covered member of your family is a patient in a hospital on the 31st day of this temporary extension, benefits of the Plan may continue for that person for the rest of that confinement, but not beyond 60 more days.

CONVERSION TO NONGROUP CONTRACT

You may convert your enrollment to a nongroup contract, without evidence of good health. The nongroup contract to which you may convert is one regularly offered by your Plan. It may differ from your group plan in benefits, or cost, or both, and you will have to pay the entire cost of the nongroup contract direct to the Plan. The nongroup contract is effective on the day after your 31-day temporary extension of coverage ends.

If you are interested in converting to a nongroup contract, fill in the box to the right and take or mail this form to the nearest office of the Plan in which you have been enrolled (see your Plan's brochure or ask your employing office for the address of the Plan's nearest office). The Plan will promptly send you an application form and details concerning benefits and rates of the nongroup contract to which you may convert.

TIME LIMIT ON CONVERSION

To be eligible for the conversion this form, with the box to the right completed, must be received by your Plan not later than 31 days after the date shown in Part A, Item 7, or 15 days after the date in Part K on the other side, whichever gives you more time.

PARTS D AND E—TRANSFER OF ENROLLMENT

If either Part D or E on the other side of this form is checked, read carefully whichever of the following instructions applies.

TRANSFER OF EMPLOYMENT

If you transfer to another agency or payroll office, your enrollment continues. Show this form to your new employing office as evidence of your enrollment. Shortly after you enter on duty, your new employing office should give you another form like this one to show that your health benefits coverage has been officially continued. (However, if you are in a group- or individual-practice plan and leave the area served by the plan, you may be able to register in another plan.) For details on your right to change plans, check with your employing office.)

RETIREMENT

Your enrollment continues automatically during retirement if you retire on an immediate annuity with at least 12 years of creditable service or for disability, and you have been continuously enrolled under the Health Benefits Program (1) during all your service since your first opportunity to enroll, or (2) for the 5 years of service immediately preceding retirement, or (3) from on or before December 31, 1964. Your share of the cost of your enrollment will be deducted from your annuity. If you have not already filed an Application for Retirement, you should do so promptly in order to avoid any question about your health benefits coverage. At the time your retirement is approved, or shortly after, you should receive another form like this one to show that your retirement system has officially continued your health benefits coverage.

DEATH

If the deceased employee or annuitant was enrolled for self and family, and had at least 5 years of civilian service, and if at least one member

For conversion, fill out this box and take or mail this form immediately to your Plan. DO NOT SEND IT TO THE CIVIL SERVICE COMMISSION.

YOUR SIGNATURE (DO NOT PRINT)

DATE

Print your address below if it is different from that shown in Part A, Item 4, on the other side.

NUMBER AND STREET

CITY, STATE, AND ZIP CODE

ENTRY ON ACTIVE MILITARY DUTY

If your enrollment is being terminated because you are entering military service, you may convert to a nongroup contract even though your family members are entitled to care under the military dependents' Medicare program. If you return to civilian duty in the exercise of reemployment rights, your enrollment will be reinstated effective on the day you return to active civilian duty. If you return to civilian duty not in the exercise of reemployment rights, you must register again the same as a new employee.

EMPLOYEES' COMPENSATION

Your enrollment continues automatically while you receive monthly compensation under the Federal Employees' Compensation Act if the Secretary of Labor has held that you are unable to return to duty and if you have been continuously enrolled under the Health Benefits Program (1) during all your service since your first opportunity to enroll, or (2) for the 5 years of service immediately preceding the start of your compensation, or (3) from on or before December 31, 1964. Enrollment of covered family members of a deceased employee or compensation officer also continues automatically while they receive monthly compensation, if (1) the deceased employee or compensation officer had at least 5 years of service, and (2) the former employee had been determined by the Secretary of Labor to be unable to return to duty. The compensation officer's or survivor's share of the cost of the enrollment will be deducted from his monthly compensation checks.

**KEEP THIS FORM FOR YOUR RECORDS UNLESS YOUR ENROLLMENT IS TERMINATED
AND YOU CONVERT TO A NONGROUP CONTRACT**